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Application or Docket Number

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CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAI TYP	LL E	NTITY	,	ОТН	ER TH
FOR NUMBER FIL)		REXTRA	7	RATI					
	BASIC FEE							\dashv	1	-+	FEE 380.00	+	RATE	-
F	TOTAL CLAIMS			17 minu	s 20=	*		1	-	-		` OF	—	76
11	INDEPENDENT CLAIMS			? minu	ıs 3 =	•		\dashv	X\$ 9:	1		OF	X\$18=	
-	MULTIPLE DEPENDENT CLAIM PRESENT						4	X39=			_OF	X78=	1	
-	* If the difference in column 1 is less than zero, enter "0" in column 2								+130=			OF	+260=	
ı									TOTAL				TOTAL	74
L	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER TI SMALL ENTITY OR SMALL EN					
AMENDMENT		REM	NNING TER DMENT		PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	AE TIO FI
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عا	7/10/05		mn 1)	1		lumn 2)	(Column 3)						ADDIT. FEE	
AMENDMENT B		REMA	INING TER		PRE	GHEST UMBER VIOUSLY UD FOR	PRESENT EXTRA		RATE	TIC	DDI- ONAL EEE		RATE	AD TIOI FE
	fotal	/3		Minus	***	<u>22</u>	- Q] [X\$ 9=			OR	X\$18=	
AM	Independent	NTATION	OF MI	Minus	PENDE	3	- ()	l t	X39=	T		OR	X78=	-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									T				_
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AMENDMENT C	<u>.</u>	CLAI REMAI AFTI AMEND	MS NING ER		HIC NU PRE\	SHEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	TIO	DI- NAL EE		RATE	ADE TION
2	Total	•		Minus	**				X\$ 9=	<u> </u>		<u>.</u> t	X\$18=	FEI
₹	Independent	٠		Minus	***		2	┝		-		OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X39=			OR -	X78=	
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								130=			DR	+260=	
-	or if the "Highest Number Previously Paid For" In THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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